

DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled OPTHALMIC FLUID DISPENSER, the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

I hereby appoint Pandiscio & Pandiscio, a firm composed of Nicholas A. Pandiscio, Registration No. 17,293, Mark J. Pandiscio, Registration No. 30,883, Scott R. Foster, Registration No. 20,570, and James A. Sheridan, Registration No. 43,114, or any of them, of 470 Totten Pond Road, Waltham, Massachusetts 02451, (Telephone No. 781-290-0060), my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent Office connected therewith.

Please direct all correspondence in this matter to:

Nicholas A. Pandiscio
Pandiscio & Pandiscio, P.C.
470 Totten Pond Road
Waltham, MA 02451-1914
Tel.: 781 290 0060
Fax.: 781 290 4840

Please direct all telephone calls to:

Nicholas A. Pandiscio or
Mark J. Pandiscio

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's signature:
Inventor's full name:


Stephanie Skolik

Date:

December 9, 2003

Residence:

1300 12th Street
Huntington, WV 25701

Postal address:

same

Citizenship:

U.S.A.